

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012135
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 374 Primary Registration District No. 4548 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Worth County Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worth Missouri		c. CITY OR TOWN Gentry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION north part of Worth		d. STREET ADDRESS (If outside, give location) West of Gentry	
Length of stay in lb 6 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Jacob Last Long		4. DATE OF DEATH Month March Day 6 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February-20-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY retired farmer	11. BIRTHPLACE (City and state or country) Gentry County
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Long	
13b. MOTHER'S MAIDEN NAME Susanna Cadle		14. NAME OF HUSBAND OR WIFE Nora Farris Long	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-14-I382	
17. INFORMANT George Long		Address Stanberry Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CORONARY THROMBOSIS DUE TO (c) ARTERIO SCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 10 MIN 10 MIN YEARS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION GRANT CITY MO	
20g. COUNTY Worth		20h. STATE Missouri	
21. I attended the deceased from JANUARY, 1959 to MARCH 4, 1959 and last saw her alive on MARCH 5, 1959 Death occurred at 3:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard J. Smith DO. (Degree or title)		22b. ADDRESS GRANT CITY MO	
22c. DATE SIGNED 3-17-59		22d. SIGNATURE Brendy K. Kibbe	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE March-8-1959	
23c. NAME OF CEMETERY OR CREMATORY Paule Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Worth County Missouri	
24. FUNERAL DIRECTOR John Andrews		25. DATE RECD. BY LOCAL REG. March 24-1959	
26. ADDRESS Grant City Missouri		26. REGISTRAR'S SIGNATURE Brendy K. Kibbe	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, etc., must use only standard nomenclature in their report. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.